Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on -

Executed on ...

Date

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA / CO
FORM 40U
1 7 7
Page of

,	Officeholder or Candidate Controlled Comm	ittee		6.	Primarily Formed Ballo	ot Measure	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE		· ····································		
	EVELYN CHUA				not applicable				
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICA	ABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
	CITY COUNCIL, CITY OF MILPITAS								OPPOSE
		ITY STA	ATE ZIP		With the control of t			 	
	929 COVENTRY WAY MILPIT.	AS CA	95035		Identify the controlling offic	eholder, cand	idate, or state	measure prop	onent, if any.
		7.0	00000		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PE	ROPONENT		
	Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed			OFFICE SOUGHT OR HELD		1. M. A.	DISTRICT NO.	IF ANY
	COMMITTEE NAME	I.D. NUMBER	THE PROPERTY OF A TABLE AND A STATE OF THE PARTY OF THE P			M-T1-4-			
	not applicable								
		50117501175000	NATTE EA	7.	Primarily Formed Can	didate/Offic	ceholder Co	mmittee Li	ist names of
	NAME OF TREASURER	CONTROLLED COM			officeholder(s) or candidate(s) for which this	s committee is p	orimarily forme	ed.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B		NO		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	
					not applicable				SUPPORT OPPOSE
	CITY STATE ZIP C	ODE AREA	CODE/PHONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOLK	GHT OR HELD	
					TO THE OF STATE OF ST	JAN DIDANE	OTTICE SOUR	GITT OK MELD	SUPPORT
	COMMITTEE NAME	I.D. NUMBER			P-11-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				OPPOSE
					NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COM	MMITTEE?		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	GHT OR HELD	
			NO						SUPPORT OPPOSE
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)			Median company of the control of the				
	CITY STATE ZIP C	ODE	OCE COLONIE						
	CITY STATE ZIP C	ODE AREA	CODE/PHONE		Atta	ach continuat	ion sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

Statement covers period

from SEP 25, 2016 through OCT 22, 2016 CALIFORNIA FORM

SUMMARY PAGE
VIA 460

Page 3

NAME OF FILER

EVELYN CHUA FOR CITY COUNCIL 2016

I.D. NUMBER

FPPC # 1384706

Contributions received	Column A	Column B	Calendar Year Summary for Candidates
	TOTAL	CALENDAR YEAR	Running in Both the State Primary and
	THIS PERIOD	TOTAL TO DATE	General Elections
1. Monetary contributions Schedule A, Line 3	\$120.00	\$4,945.00	- NOT APPLICABLE
2. Loans received Schedule B, Line 3	\$6,000.00	\$13,000.00	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$6,120.00	\$17,945.00	
4. Nonmonetary contributions Schedule C, Line 3	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$6,120.00	\$17,945.00	
Expenditures made		desserver and the destroyed of the destr	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$7,056.85	\$17,348.88	Candidates
7. Loans MadeSchedule H, Line 3	ا ممما	\$0.00	- NOT APPLICABLE
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		\$17,348.88	
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		\$0.00	
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$7,056.85	\$17,348.88	
Current Cash Statement	A. Marie Co. 1842 de 2021 (1902 (190		
12. Beginning cash balance Previous Summary Page, Line 16	\$1,650.47		
13. Cash receipts Column A, Line 3 above	\$6,120.00	To calculate Column B, add	
14. Miscellaneous Increases to Cash Schedule I, Line 4		amounts in column A to the	
15. Cash Payments Column A, Line 8 above	l '.'	corresponding amounts from column B of your last report.	
16. ENDING CASH BALANCE	\$713.62		
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	A SANGUESTING OF THE SANGUEST AND SANGUEST AND SANGUEST STATE OF THE SANGUEST SANGUE		
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents See instructions on reverse	\$0.00		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$13,000.00		
		and the state of t	

Schedule A		its may be rounded			SCHEDULE A		
ontributions Received	to	whole collars.	i				
			from SEP 2	5, 2016	F	ORM	
ON REVERSE			through OCT	22, 2016	Page		
01/1/2021/02			<u> </u>		I.D. NL	JMBER	
for City Council 2016					13847	706	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR Y	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Dana Reyes 2838 Monte Cresta Way San Jose CA 95132	IND COM OTH PTY	self-employed; Tutorial Center, Santa Clara	100	1	00	100	
	☐IND ☐COM ☐OTH ☐PTY ☐SCC						
	□IND □COM □OTH □PTY □SCC						
	□IND □COM □OTH □PTY □SCC						
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		SUBTOTAL S	100				
Summary				(*Cor	tributor (Codes	
ived this period – itemized monetary contributions.		\$	100		I – Recip	ient Committee	
,					- Other	than PTY or SCC) (e.g., business entity)	
ry contributions received this period.			120	PTY	– Politica		
	for City Council 2016 ULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Dana Reyes 2838 Monte Cresta Way San Jose CA 95132 Summary Ived this period — itemized monetary contributions. Ichedule A subtotals.)	ON REVERSE for City Council 2016 ULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Dana Reyes 2838 Monte Cresta Way San Jose CA 95132 IND COM OTH	ON REVERSE for City Council 2016 ULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Dana Reyes 2838 Monte Cresta Way San Jose CA 95132 ORD ORD	To whole dollars. Statement cov from SEP 2	Statement covers period from SEP 25, 2016 SEP 25,	To whole dollars. Statement covers period from SEP 25, 2016	

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement cove	ers period 5, 2016	schedule b - Part California 460 FORM		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	·			1	through OCT	22, 2016	Page	of	
Evelyn Chua for City Council 2016							1384706		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI(OR FORGIVE THIS PERIOC	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE	
Evelyn Chua 929 Coventry Way Milpitas CA 95035	Operations analyst Silicon Valley Bank			PAID \$O FORGIVEN	s 13,000	O %	s 6,000	\$ 13,000 PER ELECTION*	
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$7,000	\$6,000	s0	n/a 	s0	10/07/16 DATE INCURRED	\$	
		\$	\$	PAID S———— PARGIVEN S————	\$ DATE DUE	% RATE	\$	\$PER ELECTION*	
TO IND COM OTH PTY SCC				PAID	\$	%	\$	CALENDAR YEAR	
[†] □IND □ COM □ OTH □ PTY □ SCC		s	\$	FORGIVEN	DATE DUE	**************************************	DATE INCURRED	PER ELECTION*	
		SUBTOTALS	6,000	\$ (D \$ 13,000	\$ ()		
Schedule B Summary 1. Loans received this period					6,000.00	(Enter (e) on Schedule E, Line 3	9)		
 (Total Column (b) plus unitemized loa 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$1 	ns of less than \$100.)				0	i	Contributor Codes ND – Individual COM – Recipient C (other than		

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

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PTY - Political Party

6,000.00

(May be a negative number)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule E Payments Made see Instructions on reverse	Amounts may b to whole do				nent covers period SEP 25, 2016 OCT 22, 2016	Page _	6 of 7
NAME OF FILER Evelyn Chua for City Council 2016						1.D. NUM	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	munications dappearances les ating urvey research very and messen	ger services	RAD radio RFD retur SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT voter	ribe the payment. a airtime and production ned contributions baign workers' salaries r cable airtime and prod idate travel, lodging, an spouse travel, lodging, fer between committees registration mation technology costs	luction costs d meals and meals s of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DE	ESCRIPTION OF F	PAYMENT		AMOUNT PAID
Please see attached sheet (Schedule E Data)							
						;	
* Payments that are contributions or independent expenditures must also be	pe summarized on Sche	dule D.			SL	JBTOTAL S	5
Schedule E Summary							****
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)			***************************************		\$	
2. Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount fro	m Schedule B, Pai	t 1, Column (e	9).)		***************************************	\$	

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

SCHEDULE E DATA PAYMENTS MADE

Page $\underline{\underline{1}}$ of $\underline{\underline{1}}$

	ADDRESS OF PAYEE						AMOUNT
PAYEE	STREET	CITY	STATE	ZIP	CODE or	DESCRIPTION OF PAYMENT	PAID
FACEBOOK (446NBAN5F)	1601 S California Ave	Palo Alto	CA	94304	WEB	Facebook marketing (social media presence)	\$251.30
MILPITAS POST	59 Marylinn Dr	Milpitas	CA	95035	PRT	Newspaper ad	\$342.00
COPYWORLD INC.	1375 University Ave	Berkeley	CA	94702	LIT	copying/printing	\$1,010.33
THE UPS STORE 46SANTA CLARA CA	2784 Homestead Rd	Santa Clara	CA	95051	LIT	mailing	\$652.50
USPS 0568340002 SAN JOSE CA	1750 Lundy Ave	San Jose	CA	95101	POS	Bulk permit	\$215.00
USPS 0568340002 SAN JOSE CA	1750 Lundy Ave	San Jose	CA	95101	POS	Postage	\$2,256.26
Daniel Lazo	3156 Gawain Dr	San Jose	CA	95127	LIT	Graphics on Facebook, other campaign materials	\$400.00
Prima Mail	180 Lewis Rd	San Jose	CA	95111	POS	Postcard mailers	\$750.38
MILPITAS POST	59 Marylinn Dr	Milpitas	CA	95035	PRT	Newspaper ad	\$872.10

TOTAL (>\$100) \$6,749.87

Miscellaneous expenses (<\$100; food \$306.98

and supplies, etc)

TOTAL EXPENSES \$7,056.85

497 Contribut	tion Report	Amounts may be rounded to	whole dollars.		
NAME OF FILER		Date of	10-21-16		FORNIA 497
ENBIAN		I his Filing _	10 2 1 10		37(11)
AREA CODE/PHONE NU		Report No.	4	City Clerk's Office	or Official Use Only
408-728	-2436 1384706		,	OILY CIBINS OILOS	
STREET ADDRESS		☐ Amendm		OCT 2 4 2016	
929 CO		to Report No (explain below)	0	001 2 1 2010	
CITY	STATE ZIP C	No of Dogo	5	RECEIVED	
MILPITA	ts. <u>Ca</u> 95	No. of Page	5	4	
1. Contribution	n(s) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CO	DDE OF CONTRIBUTOR NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10-21-16	EVELYN CHUA 929 COVENTRY WAY MILPITAS, CA-95036		□ COM □ OTH □ PTY □ SCC		Check if Loan 2 008 00
			IND COM OTH PTY SCC		☐ Check if Loan ———————————————————————————————————
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ———————————————————————————————————
	mont.	-		**Contributor Codes IND - Individual COM - Recipient Committee (OTH - Other (e.g., business of the committee of the commit	entity)

497 Contribu	tion Report Another Report	nay be rounded to v	whole donars,		
MILPITA	The state of the s	Date of This Filling Report No. Amendme to Report No. (explain below) No. of Pages).	Chican Assa	ORNIA 497 RM 497 Official Use Only
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRI (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10-16-16	EVE LYN CHUA 929 COVENTRY WAY MICPITAS, CA. 95035		□ IND □ COM □ OTH □ PTY □ SCC		D Check if Loan 5000, 00 Provide interest rate
			IND COM OTH PTY SCC		Check if Loan Check if Loan Provide interest rate
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan
Reason for Amendr	ment:			**Contributor Codes IND — Individual COM — Recipient Committee (of OTH — Other (e.g., business en PTY — Political Party SCC — Small Contributor Comm	tity)

497 Contribut	tion Report Amounts may	be rounded to wi	nole dollars.			
NAME OF FILER EVELYN AREA CODE/PHONE NUI 408 - 728 STREET ADDRESS 929 COV CITY	MBER (if applicable)	Date of This Filing Report No. Amendmento Report No. (explain below) No. of Pages	2t	City Clerk's Offic SEP 2 9 2016 RECEIVE		RNIA 497 M Official Use Only
1. Contribution	n(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF E		AMOUNT RECEIVED
9/25/16	EVELYN CHUA 929 COVENTRY WAY MILPITAS, CA 95035		IND COM OTH PTY	OPERATIONS ANAL	yst Bank	Check if Loan 1,000.00% Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan% Provide interest rate
			IND COM OTH PTY SCC			☐ Check if Loan ———————————————————————————————————

Reason for Amendment; _

**Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

497 Contribut	ion Report Amounts	may be rounded to w	hole dollars.		
STREET ADDRESS 929 CO CITY		Date of This Filing Report No. Amendment to Report No. (explain below) No. of Pages	nt 	Date Stamp CALIFO FOR CITY CIERK'S Office For CALIFO FO	
1. Contribution				alternative and a second and a	epinisidense sistem til film til til store som en menner i samske kart store for blevelden heldensk
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTY (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
8/15/16	EVELYN CHUA 929 COVENTRY WAY MILPITAS, CA. 95035		M IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	OPERATIONS ANALYS SILICON VALLEY BANK	Check if Loan
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan Provide interest rate
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan
Reason for Amendme	ent:			**Contributor Codes IND — Individual COM — Recipient Committee (othe OTH — Other (e.g., business entity PTY — Political Party SCC — Small Contributor Commit	у)

Executed on.

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		 		
EVELYN CHUA			not applicable				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
CITY COUNCIL, CITY OF MILPITAS							OPPOSE
	ITY STATE ZIP						
929 COVENTRY WAY MILPIT	AS CA 95035		Identify the controlling office	holder, candid	date, or state meas	ure prop	onent, if any.
	7.0		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	OPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD	<u> </u>	DIST	RICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER					·····	
not applicable							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	lidate/Office	eholder Commi	ittee Lis	st names of
INVINE OF TATABOLER	TYES NO		officeholder(s) or candidate(s)	for which this	committee is prima	rily forme	a.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT C	R HELD	SUPPORT
			not applicable				OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOUGHT C	R HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER						UPPUSE
			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT C	OR HELD	SUPPORT DPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT C	R HELD	
	YES NO						SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	UX)				.1		<u> </u>
CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if necess	sary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page EE INSTRUCTIONS ON REVERSE		from	JAN 1, 2016 JUN 30, 2016	CALIFORNIA 460 FORM of 4
AME OF FILER Evelyn Chua for City Council 2016				I.D. NUMBER 1384706
Contributions Received	Column A TOTAL THIS PERIOD	Column B	Calendar Year Sun	nmary for Candidates

Contributions Received		Column A TOTAL THIS PERIOD ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$	2,320.00 5,000.00 7,320.00 0 7,320.00	\$	2,320.00 5,000.00 7,320.00 0 7,320.00	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$
5. TOTAL CONTRIBUTIONS RECEIVED			\$	3,817.04	Expenditure Limit Summary for State
7. Loans Made	\$	3,817.04 0 0	\$	0 3,817.04 0 0	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
11. TOTAL EXPENDITURES MADE	e en seuvene en		\$	3,817.04	\$/\$
12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.		7,320.00 117.50 3,817.04 3,620.46	add A to ame of y ame be e sho pre	calculate Column B, amounts in Column the corresponding bunts from Column B our last report. Some bunts in Column A may negative figures that uld be subtracted from vious period amounts. If	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	filed only	is the first report being for this calendar year, a carry over the amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above		F 000 00	fror any	n Lines 2, 7, and 9 (if).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

	Δn	nounts may be rou	ındad				SCHE	DULE B - PART 1
Schedule B – Part 1	7 111	to whole dollars			Statement cov	ers period	CALIFORN	IA 460
Loans Received					from JAN 1	1, 2016	FORM	" 4:0U
SEE INSTRUCTIONS ON REVERSE					through JUN	30, 2016	Page 4	of
NAME OF FILER			·				I.D. NUMBER	
Evelyn Chua for City Council 2016							1384706	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA!! OR FORGIVE THIS PERIOD	N. CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Evelyn Chua 929 Coventry Way Milpitas CA 95035	Operations analyst Silicon Valley Bank		4.000	PAID \$ FORGIVEN	s <u>1,000</u>	% RATE	\$ <u>1,000</u>	CALENDAR YEAR \$ 1,000 PER ELECTION**
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$	s1,000	\$	DATE DUE	\$	4/7/16 DATE INCURRED	\$
Evelyn Chua 929 Coventry Way Milpitas CA 95035	Operations analyst Silicon Valley Bank			PAID \$ FORGIVEN	s 4,000	% RATE	s 4,000	\$ 4,000 PER ELECTION**
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$	\$4,000	\$	DATE DUE	\$	5/23/16 DATE INCURRED	\$
				PAID \$	s	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	5,000	\$ (\$ 5,000			
Schedule B Summary			A COLUMN TO THE RESERVE OF THE PROPERTY OF THE			(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loar				\$	5,000.00			
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.)			\$	0	- III	TH – Öther (e.g.,	Committee PTY or SCC) business entity)
Net change this period. (Subtract Lin Enter the net here and on the Summa					5,000.00 May be a negative number)	. E	TY – Political Part CC – Small Contr	ibutor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Executed on ...

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAGE	- PAF	₹T 2
CAL	FORN	IIA 🔏	A	N
F	ORM		Y.Y	
Page.	2	_ of _	8	_]

Officeholder or Candidate Controlled C	ommittee		6.	Primarily Formed Ballo	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	· · · · · · · · · · · · · · · · · · ·			NAME OF BALLOT MEASURE				
EVELYN CHUA				not applicable				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER IF APP	LICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
CITY COUNCIL, CITY OF MILPITAS				Ministra				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET		STATE ZIP		Identify the controlling offic	eholder, cand	lidate, or state measur	ге ргоро	nent, if any.
929 COVENTRY WAY M	ILPITAS CA	95035		NAME OF OFFICEHOLDER, CAN	UDIDATE OR PE	2OPONENT		
not included in this statement that are controlled by contributions or make expenditures on behalf of you COMMITTEE NAME		med to receive		OFFICE SOUGHT OR HELD		DISTRI	CT NO. IF	ANY
	I.D. NUMBER							
not applicable								
NAME OF TREASURER	CONTROLLED	COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s				
	☐ YES	□ NO		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOUGHT OR	uein	
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)				PANDIDATE	OFFICE SOUGHT OR	UELD	SUPPORT
				not applicable				☐ OPPOSE
CITY STATE	ZIP CODE AR	EA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED C	COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO) P.O. BOX)							
CITY STATE	ZIP CODE AR	EA CODE/PHONE		Att	ach continuat	tion sheets if necessa	ry	

Campaign Disclosure Statement Summary Page

Statement covers period CALIFORNIA
from JUL 1, 2016 FORM
through SEP 24, 2016

FORM 460

SUMMARY PAGE

Page <u>3</u> of <u>8</u>

NAME OF FILER

EVELYN CHUA FOR CITY COUNCIL 2016

I.D. NUMBER

FPPC # 1384706

Contributions received 1. Monetary contributions	Column A TOTAL THIS PERIOD \$2,505.00 \$2,000.00 \$4,505.00 \$0.00 \$4,505.00	\$7,000.00 \$11,825.00 \$0.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections - NOT APPLICABLE
Expenditures made 6. Payments Made	\$6,474.99 \$0.00 \$6,474.99 \$0.00 \$0.00 \$6,474.99	\$0.00 \$10,292.03 \$0.00 \$0.00	Expenditure Limit Summary for State Candidates - NOT APPLICABLE
Current Cash Statement 12. Beginning cash balance	\$3,620.46 \$4,505.00 \$0.00 \$6,474.99 \$1,650.47	To coloulate Column B. add	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$0.00 \$7,000.00		

SEE INSTRUCTIONS ON REVERSE SEE INSTRUCTIONS ON REVERSE EVelyn Chuar for City Council 2016 DATE RECEIVED PLIL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE * CODE * COUPYTION AND CHARLOWS AND AND CHARLOWS AND CHIRE LID, NUMBER OF DUBING SEP SHOWN AND CHARLOWS AND CHIRE LID, NUMBER OF DUBING SEP SHOWN AND CHARLOWS AND CHIRE LID, NUMBER OF DUBING SEP SHOWN AND CHARLOWS AND CHIRE LID, NUMBER OF DUBING SEP SHOWN AND CHARLOWS AND CHIRE LID, NUMBER OF DUBING SEP SHOWN AND CHARLOWS AND CHIRE LID, NUMBER OF DUBING SEP SHOWN AND CHARLOWS AND CHIRE LID, NUMBER OF DUBING SEP SHOWN AND CHARLOWS AND CHIRE LID, NUMBER OF DUBING SEP SHOWN AND CHARLOWS	Schedule	A		ts may be rounded				SCHED	JLE .
NAME OF FILER EVelyn Chua for City Council 2018 DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (PECAMITTEE, ALSO STREET, IN MINSEN) IND CODE OF CONTRIBUTOR (PECAMITTEE, ALSO STREET, IN MINSEN) IND CODE OF CONTRIBUTOR (PECAMITTEE, ALSO STREET, IN MINSEN) IND CODE OF CODE OF CONTRIBUTOR (PECAMITTEE, ALSO STREET, IN MINSEN) IND CODE OF CODE OF CONTRIBUTOR (PECAMITTEE, ALSO STREET, IN MINSEN) IND CODE OF CODE O	Monetary	Contributions Received	to	whole dollars.		•		FORNIA 1	#W#\$\$###
Evelyn Chua for City Council 2016 DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE	SEE INSTRUCTION	DNS ON REVERSE			through SEP	24, 2016	Page	4 or 8	
DATE RECEIVED CALENDAR YEAR (FROUNTIEL ALSO ENTERLID NUMBER) COCCUPATION AND EMPLOYER (FREDENINGS) COCCUPATION AND EMPLOYER A							1		
Please see attached sheet (Schedule A data) COM OTH PTY SCC IND COM OTH PTY SCC		FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	LOCKLINGGION	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR Y	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
COM		Please see attached sheet (Schedule A data)	□COM □OTH □PTY						
COM			□COM □OTH □PTY						
□ COM □ OTH □ PTY □ SCC □ IND □ COM □ OTH □ PTY			□ COM □ OTH □ PTY						
□ COM □ OTH □ PTY			☐ COM ☐ OTH ☐ PTY						
			□сом □отн						
SUBTOTAL \$				SUBTOTAL	\$				
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) 2. Amount received this period – unitemized monetary contributions of less than \$100 \$ Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC OTH – Other (e.g., business en PTY – Political Party	1. Amount re (Include a	eceived this period – itemized monetary contributions. Il Schedule A subtotals.)	***************************************			IND COM OTH	– Individu A – Recipi (other I – Other (al ent Committee than PTY or SCC) e.g., business enti	

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ _

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

SCC - Small Contributor Committee

Evelyn Chua for City Council 2016; FPPC# 1384706

SCHEDULE A DATA MONETARY CONTRIBUTIONS RECEIVED

Covers 1 JUL through 24 SEP 2016

page $\underline{5}$ of $\underline{8}$

							Con			Amount	Cum-to	Per
							tri			Rec'd	-date	Election
Date	Full	Vame	Address	and Zip C	ode		butor			This	CY Jan 1	to date
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	Period	- Dec 31	(if reqd)
7/24/2016	Trinidad	Aoalin	542 Hamilton Ave	Milpitas	CA	95035	IND	Retired		\$100.00		
7/24/2016	Welyn	Bui	21204 Sullivan Way	Saratoga	CA	95070	IND	Consultant	Self-employed	\$250.00	\$250.00	\$250.00
7/24/2016	Gloria	Cacao	924 Coyote St	Milpitas	CA	95035	IND	Homemaker		\$250.00	\$250.00	\$250.00
7/24/2016	Belen	Daquigan	454 Clauser Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00
8/23/2016	Reynaldo	Lingad	239 Tiny St	Milpitas	CA	95035	IND	Retired		\$250.00	\$250.00	\$250.00
8/23/2016	Divina	Lingad	239 Tiny St	Milpitas	CA	95035	IND	Zumba instructor	Self-employed	\$250.00	\$250.00	\$250.00
6/29/2016		Madnawat	1431 Arizona Ave	Milpitas	CA	95035	IND	Attorney	NXP Semiconductors	\$250.00	\$250.00	\$250.00
7/24/2016	Angel	Reyes	1448 Caliente Way	San Jose	CA	95132	IND	Mail Carrier	Campbell Post Office	\$250.00	\$250.00	\$250.00
7/24/2016	Lerma	Reyes	1448 Caliente Way	San Jose	CA	95132	IND	Accountant	Newport Meat Company	\$250.00	\$250.00	\$250.00

1 Amount received this period - itemized monetary contributions

\$1,950.00

2 Amount received this period - unitemized monetary contributions of less than \$100

\$555.00

3 Total monetary contributions received this period

\$2,505.00

	Am	nounts may be rou	ındad				SCHE	DULE B - PART 1
Schedule B – Part 1	FAII	to whole dollars			Statement cov	ers period	CALIFORN	^{IA} 460
Loans Received					fromJUL ^	1, 2016	FORM	"" 410U
SEE INSTRUCTIONS ON REVERSE					through SEP	24, 2016	Page 6	of 8
NAME OF FILER				1	anough		I.D. NUMBER	VI
Evelyn Chua for City Council 2016							1384706	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Evelyn Chua 929 Coventry Way Milpitas CA 95035	Operations analyst Silicon Valley Bank			PAID \$C FORGIVEN	\$	O %	s 2,000	s 7,000 PER ELECTION**
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$5,000	s2,000	\$C	n/a DATE DUE	s0	08/15/16 DATE INCURRED	\$
TO IND COM OTH PTY SCC		\$	`\$	\$ PAID \$ FORGIVEN \$ PAID	DATE DUE	*%	\$ DATE INCURRED \$	\$ PER ELECTION** \$ CALENDAR YEAR \$
TO IND COM OTH PTY SCC		\$	\$	FORGIVEN	DATE DUE	\$	DATE INCURRED	PER ELECTION**
•		SUBTOTALS \$	2,000 \$	•	0 \$ 5,000	\$ 0		
Schedule B Summary 1. Loans received this period				\$	2,000.00	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	00 paid or forgiven.) It are also itemized on Sche	edule A.)		•	0	- C	TH – Other (e.g., TY – Political Parl	ommittee PTY or SCC) business entity) y
Net change this period. (Subtract Lin- Enter the net here and on the Summar			***************************************		2,000.00 (May be a negative number)	. <u>[</u> s	CC – Small Contr	ibutor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule E Payments Made	Amounts may b to whole d			S from	JUL 1, 2016		ORNIA 460
SEE INSTRUCTIONS ON REVERSE				thro	_{igh} SEP 24, 2016	_ Page _	of
NAME OF FILER					, m , mm	I.D. NUM	MBER
Evelyn Chua for City Council 2016						138470	06
CODES: If one of the following codes accurately describe	es the payment, yo	ou may e	nter the code.	Otherwise, d	escribe the payment		
CMP campaign paraphernalia/misc.	MBR member com				radio airtime and production	on costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expens		es		returned contributions campaign workers' salarie	c	
CVC civic donations	PET petition circui				t.v. or cable airtime and pr		S
FIL candidate filing/ballot fees	PHO phone banks	ŭ		TRC	candidate travel, lodging,	and meals	
FND fundraising events	POL polling and s			TRS	staff/spouse travel, lodging	g, and meals	
IND independent expenditure supporting/opposing others (explain)* LEG legal defense			essenger services gal, accounting)		transfer between committe voter registration	es of the sam	ne candidate/sponsor
LIT campaign literature and mailings	PRT print ads	B61 41003 (10)	jai, accounting)		information technology co	sts (internet, e	e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	AND	CODE	OR	DESCRIPTION	OF PAYMENT	Ampani (Ostan (Analon) az za zaz kieralnaka	AMOUNT PAID
Please see attached sheet (Schedule E Data)							
4							
* Payments that are contributions or independent expenditures must also t	pe summarized on Sche	dule D.		400		SUBTOTAL	\$
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedu	le E subtotals.)				•••••	\$	
2. Unitemized payments made this period of under \$100	*************************	•••••••				\$ _	
3. Total interest paid this period on loans. (Enter amount fro							
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Sumr	nary Page, Col	umn A, Line	S.)	TOTAL \$	

Evelyn Chua for City Council 2016; FPPC# 1384706

SCHEDULE E DATA PAYMENTS MADE

Covers period 1 JUL thru 24 SEP 2016

Page X of 8

	ADDF	RESS OF PAY	EE				AMOUNT
PAYEE	STREET	CITY	STATE	ZIP	CODE or	DESCRIPTION OF PAYMENT	PAID
CASA AZTECA RESTAURANT	20 N Abel St	Milpitas	CA	95035	FND	Meet and Greet food	\$170.00
Daniel Lazo	3156 Gawain Dr	San Jose	CA	95127	LIT	Graphics on Facebook, other campaign materials	\$300.00
THE UPS STORE 46 SANTA CLARA CA	2784 Homestead Rd	Santa Clara	CA	95051	POS	Glossy postcards mailing	\$543.75
ULINE SHIPPING SUPPLIES	2501 S Lakeside Dr	Waukegan	IL	60085	LIT	Doorknob bags (clear)	\$101.31
FACEBOOK (JA884AW5F)	1601 S California Ave	Palo Alto	CA	94304	WEB	Facebook marketing (social media presence)	\$250.31
City of Milpitas	455 E Calaveras Blvd	Milpitas	CA	95035	FIL	Ballot statement	\$1,900.00
ULINE SHIPPING SUPPLIES	2501 S Lakeside Dr	Waukegan	IL.	60085	LIT	Doorknob bags (clear)	\$192.90
Welyn Bui	21204 Sullivan Way	Saratoga	CA	95070	FND	Food: fundraising picnic	\$551.33
THE UPS STORE 46 SANTA CLARA CA	2784 Homestead Rd	Santa Clara	CA	95051	POS	Glossy postcards mailing	\$326.25
FACEBOOK (P8TCCAS5F)	1601 S California Ave	Palo Alto	CA	94304	WEB	Facebook marketing (social media presence)	\$129.05
Daniel Lazo	3156 Gawain Dr	San Jose	CA	95127	LIT	Graphics on Facebook, other campaign materials	\$300.00
ULINE SHIPPING SUPPLIES	2501 S Lakeside Dr	Waukegan	IL	60085	LIT	Doorknob bags (clear)	\$132.18
STAPLES	627 E Calaveras Blvd	Milpitas	CA	95035	LIT; OFC	paper; envelopes	\$177.15
THE UPS STORE 46 SANTA CLARA CA	2784 Homestead Rd	Santa Clara	CA	95051	POS	Glossy postcards mailing	\$802.58
Daniel Lazo	3156 Gawain Dr	San Jose	CA	95127	LIT	Graphics on Facebook, other campaign materials	\$300.00

TOTAL (>\$100)	\$6,176.81
Miscellaneous expenses (<\$100; food and supplies, etc)	\$298.18
TOTAL EXPENSES	\$6,474.99

C	ecipient Committee ampaign Statement over Page			Date Stamp City Clerk's		ALIFORNIA 460
		Statement covers period fromJAN 1, 2016	(Month, Day, Year)	JUL 292	016	For Official Use Only
SE	E INSTRUCTIONS ON REVERSE	throughJUN 30, 2016	Nov 8, 2016	RECEIV	/ED	
1.	Type of Recipient Committee: All Committees - Cor	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		· · · · · · · · · · · · · · · · · · ·	
	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored No Complete Part 6) Primarily Formed Candidate/ Officeholder Committee No Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	ermination)	Quarterly Special O	Statement dd-Year Report
3.	Committee information	NUMBER 1384706	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
	Evelyn Chua for City Council 2016		Arsenio R Iloreta			
			MAILING ADDRESS			
	STREET ADDRESS (NO P.O. BOX)		782 Canada Dr	STATE	ZIP CODE	AREA CODE/PHONE
	929 Coventry Way		Milpitas	CA	95035	408.946.6438
	CITY STATE ZIP COL		NAME OF ASSISTANT TREASURE			100.010.0100
	Milpitas CA 95038	5 408.728.2436	not applicable			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX same as above		MAILING ADDRESS			
	CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	99		
	chua4evelyn@gmail.com		ariloreta@aol.com			
4.	Verification			· · · · · · · · · · · · · · · · · · ·		
	I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of 6 Executed on	California that the foregoing is true and c By BySignature of Control	Signature of Treesurer or Assistan	Opponent or Responsible Office		es is true and complete. !
	Executed on	Ву		A	**************************************	<u>.</u>

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2
CALIFORNIA 460
Page 2 of 9

Officeholder or Candidate Control	ed Committee		6	. Primarily Formed Balle	ot Measure C	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE				NAME OF BALLOT MEASURE			
EVELYN CHUA				not applicable			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION		R IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE
CITY COUNCIL, CITY OF MILPITAS						·	☐ UPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	TREET) CITY	STATE ZIP		Identify the controlling offic	shalder sandis	lata axatata masaiwa n	rananant if any
929 COVENTRY WAY	MILPITAS	CA 95035		NAME OF OFFICEHOLDER, CAI			тороленц и ану.
Related Committees Not Included not included in this statement that are control contributions or make expenditures on behalf	led by you or are prin			OFFICE SOUGHT OR HELD		DISTRICT	IO. IF ANY
COMMITTEE NAME	I.D. NU	MBER	_				
not applicable					draine in community		
NAME OF TREASURER	СОИТЕ	ROLLED COMMITTEE?	_ /	. Primarily Formed Can officeholder(s) or candidate(s	didate/Uffice) for which this	enoider Committee committee is primarily for	List names of rmed.
COMMITTEE ADDRESS STREET ADDRESS		100		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT
				not applicable			☐ OPPOSE
CITY STA		AREA CODE/PHON	E .	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NU		_	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEI	D SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS		ROLLED COMMITTEE?	·····	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEI	D SUPPORT OPPOSE
CITY STA	· , ,	AREA CODE/PHON	E	Att	ach continuatio	on sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period CALIFORNIA JAN 1, 2016 **FORM** from ... Page 3 JUN 30, 2016 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Evelyn Chua for City Council 2016 1384706

Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	5,000.00	\$ 2,320.00 5,000.00	General Elections 1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	7 300 00	\$ 7,320.00 0 7,320.00	20. Contributions Received \$\$ 21. Expenditures Made \$\$
Expenditures Made 6. Payments Made	\$\frac{0}{3,817.04}\$ \tag{0}{0}	\$ 3,817.04 0 \$ 3,817.04 0 0 0 \$ 3,817.04	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	7,320.00 117.50 3,817.04	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	s <u> </u>	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016 FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule	• A		ts may be rounded	SCHEDUL				
Monetary Contributions Received		to	whole dollars.	Statement cov	ers period , 2016	CALIFORNIA 460		
				ILINI	30, 2016		1 0	
SEE INSTRUCTION	ONS ON REVERSE			through 3511		Page		
	ua for City Council 2016					1.D. NU 13847		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	_
	Please see attached sheet (Schedule A Data)	□IND □COM □OTH □PTY □SCC				The state of the s		_
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		□ IND □ COM □ OTH □ PTY □ SCC						_
		□IND □COM □OTH □PTY □SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL	\$				-
1. Amount re	A Summary ceived this period – itemized monetary contributions.		\$		IND-			
2. Amount re	ceived this period – unitemized monetary contribution	ns of less thar	n \$100\$				(e.g., business entity)	i
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.) TOTAL \$				Contributor Committee	

Evelyn Chua for City Council 2016; FPPC# 1384706

SCHEDULE A DATA MONETARY CONTRIBUTIONS RECEIVED

Covers 1 JAN through 30 JUN 2016

page 5 of 9

·							Con	, ,		Amount	Cum-to	Per
							tri			Rec'd	-date	Election
Date	Full	Name	Address	Address and Zip Code			butor			This	CY Jan 1	to date
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	Period	- Dec 31	(if reqd)
5/5/2016	Illuminada	Cacao	386 Martil Way	Milpitas	CA	95035	IND	Real Estate	Self-employed	\$100.00	\$100.00	\$100.00
5/21/2016	Jenevee	Chen	19 Bristol Cir	Salinas	CA	93906	IND	Registered Nurse	NMC	\$250.00	\$250.00	\$250.00
5/15/2016	Cora	Daniels	400 Los Encinos Ave	San Jose	СА	95134	IND	Clerk Specialist	Regional Medical Center	\$100.00	\$100.00	\$100.00
4/24/2016	Susan	Esteves	825 Canada Dr	Milpitas	CA	95035	IND	Homemaker	n/a	\$250.00	\$250.00	\$250.00
4/25/2016	Lily	Fan	48611 Flagstaff Rd	Fremont	ÇA	94539	IND	CPA	Self-employed	\$100.00	\$100.00	\$100.00
5/1/2016	Erlinda	Milanes	263 Carnegie Dr	Milpitas	CA	95035	IND	Cleaning Services	Self-employed	\$100.00	\$100.00	\$100.00
6/9/2016	Carmen	Montano	369 Summerfield Dr	Milpitas	CA	95035	IND	Vice Mayor	City of Milpitas	\$250.00	\$250.00	\$250.00
5/30/2016	Erlinda	Reyes	3367 Pinnacle Dr	San Jose	CA	95132	IND	Pediatrician	SJ Regional Med Center	\$250.00	\$250.00	\$250.00
4/23/2016	Luisa	Sibelius	1773 Fallen Leaf Dr	Milpitas	CA	95035	IND	Accountant	Mass Precision	\$100.00	\$100.00	\$100.00
4/24/2016	Esteves for M FPPC# 1323		825 Canada Dr	Milpitas	CA	95035	сом			\$250.00	\$250.00	\$250.00
4/4/2016	Fashioned Co	ompletely	47952B Warm Springs Blvd	Fremont	CA	94539	ОТН			\$120.00	\$120.00	\$120.00

1 Amount received this period - itemized monetary contributions

2 Amount received this period - unitemized monetary contributions of less than \$100

3 Total monetary contributions received this period

\$1,870.00

\$450.00

\$2,320.00

Colocalusia D. Dout 4	Amounts may be rounded						SCHEDULE B - PART 1			
Schedule B – Part 1		to whole dollars		Statement co	vers period	CALIFORNIA 460				
Loans Received					from JAN	1, 2016	FORM	400		
SEE INSTRUCTIONS ON REVERSE					through JUN	130, 2016	Page 6	of 9		
NAME OF FILER			· ·	i			I.D. NUMBER	. 01		
Evelyn Chua for City Council 2016							1384706			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(6) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(1) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Evelyn Chua 929 Coventry Way Milpitas CA 95035				PAID \$	\$ 1.000.00	% RATE	s 1,000	s 1,000 PER ELECTION**		
TO IND COM OTH PTY SCC		\$	s 1,000.00	s	DATE DUE	s0	4/7/16 DATE INCURRED	\$		
Evelyn Chua 929 Coventry Way Milpitas CA 95035			. 4,000.00	PAID \$ FORGIVEN	\$	% RATE	ş <u>4.000</u>	CALENDAR YEAR \$ 4,000 PER ELECTION**		
TO IND COM OTH PTY SCC		\$	\$ 4,000.00	\$		\$		\$		
			٠	PAID S FORGIVEN	\$	% RATE	\$	\$PER ELECTION**		
TO IND COM OTH PTY SCC			3	\$	DATE DUE	\$	DATE INCURRED	\$		
		SUBTOTALS \$	5,000.00	\$ (5,000.00	\$,			
Schedule B Summary 1. Loans received this period	- slam the 400			\$	5,000.00	(Enter (e) on Schedule E, Line 3)			
(Total Column (b) plus uniternized loans 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summar	0 paid or forgiven.) are also itemized on Sche 2 from Line 1.)	dule A.)		.NET \$	5,000.00 May be a negative number)	- [] C	Contributor Codes ND – Individual COM – Recipient C (other than DTH – Other (e.g., PTY – Political Pari GCC – Small Contr	Committee PTY or SCC) business entity) ty		
*Amounts forgiven or paid by another party also me ** If required.	ust be reported on Schedule A.)				PROCE AUGUS	FPPC For	m 460 (Jan/2016)		

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Amounts may be rounded to whole dollars.				Stat from through	JAN 1, 2016		ORNIA 460
Evelyn Chua for City Council 2016						138470	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications I appearance es ating urvey researd very and mes	es ch	RAD rau RFD rei SAL ca TEL t.v TRC ca TRS sta TSF tra VOT vo	scribe the payment. dio airtime and productio turned contributions mpaign workers' salaries . or cable airtime and pro indidate travel, lodging, a aff/spouse travel, lodging insfer between committe ter registration formation technology cos	n costs duction costs nd meals , and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION O	F PAYMENT		AMOUNT PAID
Please see attached sheet (Schedule E Data)							
* Payments that are contributions or independent expenditures must also b	e summarized on Sche	edule D.			S	UBTOTAL	\$
Schedule E Summary							
Itemized payments made this period. (Include all Schedul Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from4. Total payments made this period. (Add Lines 1, 2, and 3.							

Evelyn Chua for City Council 2016; FPPC# 1384706

SCHEDULE E DATA PAYMENTS MADE

Covers period 1 JAN thru 30 JUN 2016

Page $\underline{\$}$ of $\underline{9}$

	ADDRI	ESS OF PAY	EE				AMOUNT
PAYEE	STREET	CITY	STATE	ZIP	CODE or	DESCRIPTION OF PAYMENT	PAID
4 Printings	1205 W. El Camino Real	Sunnyvale	CA	94087		Envelope remit 2 sided black ink (500)	\$184.88
Island Pacific Supermarket	2115 Morrill Avenue	San Jose	CA	95132		Filipino Dishes for Get Together	\$141.36
Super Cheap Signs	9200 Waterford Centre Blvd Suite 100	Austin	TX	78758		18X24, 2 Sides, 3 Color (10)and Standard Wire Stakes (10)	\$179.11
Vistaprint Netherland BV	275 Wyman Street	Waltham	MA	02451		Standard Business Cards (10000)	\$117.46
The UPS Store - #4636	2784 Homestead Road	Santa Clara	CA	95051		4x6 glossy postcards (5000)	\$271.88
Vistaprint Netherland BV	275 Wyman Street	Waltham	MA	02451		Basic T-shirt white (9)	\$112.46
Super Cheap Signs	9200 Waterford Centre Blvd Suite 100	Austin	TX	78758	-	18x24, 2 Sides, 3 Color (500)	\$1,399.40
Super Cheap Signs	9200 Waterford Centre Blvd Suite 100	Austin	TX	78758		Standard wire stakes (500)	\$430.66
Nadine Tadeo	4201 Norwalk Drive DD#204	San Jose	CA	95129		Website construction, upgrades, edits, face to face meetings	\$540.00

TOTAL (>\$100)

\$3,377.21

Miscellaneous expenses (<\$100; food and supplies, etc)

\$439.83

TOTAL EXPENSES

\$3,817.04

Schedule I Aiscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 160		
miscendificus increases to Cash			from JAN 1, 2016	CALIFORNIA 460		
			throughJUN 30, 2016	Page of		
EE INSTRUCTIO IAME OF FILER	ONS ON REVERSE			I,D. NUMBER		
Evelyn Chua	a for City Council 2016			1384706		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	C	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
5/5/2016	Vistaprint Netherland BV 275 Wyman Street Waltham, MA 02451	Refund from V	ista Print	31.08		
5/5/2016	Vistaprint Netherland BV 275 Wyman Street Waltham, MA 02451	Refund from V	/ista Print	86.42		
Attach add	litional information on appropriately labeled continuation sheets.		SUBTOTA	L\$ 117.50		
Schedule	I Summary					
	ncreases to cash this period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$\$	<u> </u>		
2. Unitemize	ed increases to cash of under \$100 this period		\$	0		
3. Total of all	I interest received this period on loans made to others. (So	chedule H, Column (e).)	\$	<u>0</u>		
	cellaneous increases to cash this period. (Add Lines 1, 2, a	and 3. Enter here and on the	TOTAL \$ 117.5	60		